

Community Assistantship Program

Crossing Paths: A Study of the Interaction Between Law Enforcement and the Mentally Ill

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**Crossing Paths:
A Study of the Interaction Between Law
Enforcement and the Mentally Ill**

Prepared in partnership with
The Western Area City County Cooperative (WACCO)

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EXECUTIVE SUMMARY

During the summer of 2003, the Western Area City County Cooperative (WACCO) conducted a study regarding detention, arresting, and the incarceration of mentally ill persons in western Minnesota. This project was instigated due to the numerous problems within the justice system that come into play when mentally ill people are placed under arrest. Using information gathered from a series of interviews with law enforcement and mental illness treatment professionals across the region, the purpose of this study was:

- To better recognize the interaction between detention facilities, law enforcement officers, and the mentally ill people they interact with in their line of work;
- To observe and analyze the effects of jails on the mentally ill detained there.

The study's costs were underwritten by WACCO and by the University of Minnesota Center for Urban and Rural Affairs (CURA) through its Community Assistantship Program, which paid internship costs. The Center for Small Towns (CST), which is located on the Morris campus of the University of Minnesota, also played a facilitative role.

It quickly became apparent that a big problem facing law enforcement is the difficulty discerning mental illness from drug or chemical abuse. The symptoms of drugs or drunkenness can easily masquerade as mental illness, and assuredly mask its presence. Financial factors can hamstring the efforts of law enforcement because of extra costs associated with handling mentally ill persons who are arrested. Medications can be expensive, especially psychiatric medications, and all services must come out of the budget for the jail. Specialized care for mentally ill detainees isn't as available due to changes at the Regional Treatment Centers (RTC's). But when the mentally ill are jailed at county facilities, problems erupt: self-injurious behaviors and assaults have been documented; aggressive behaviors in general can be hazardous to those arrested and to treatment and detention staff around them. Depression seemed to be the most common mental illness encountered among those arrested.

There are model programs being tested for better treatment of the mentally ill who come in contact with law enforcement. Programs in California and Florida may be providing clues as to how to improve the system. A project based right here in west central Minnesota may be doing things to help the mentally ill avoid entanglements with law enforcement before they happen.

There is work to be done, if the citizens of west central Minnesota want to see improvements in how law enforcement personnel deal with the mentally ill. For example, either the RTC's must provide services to area police and sheriff's departments, or a system of decentralized acute care/crisis beds must be put in place. Area leaders must resolve the current dispute as to which course of action is best.

Training for law enforcement personnel would be welcomed by area sheriff's departments. Recognition of drug abuse by the mentally ill is very difficult, and law enforcement officers need and want all the help they can get to make difficult decisions in this regard. Perhaps they can be assisted by community based non-profit organizations who can better relate to arrested mentally ill persons on a peer-to-peer basis.

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I. INTRODUCTION & METHODOLOGY

Detaining, arresting, and incarcerating the mentally ill is a fact of life in western Minnesota, although it seldom appears in the news reports or headlines of our local newspapers. Yet the incidence of contact between law enforcement and the mentally ill is increasing, according to area law officers. And it is traumatic to say the least. One sheriff in the region called it very stressful, shameful, depressing, filled with uncertainty, and full of fear.

The increase in the number of individuals with serious mental illnesses who come in contact with law enforcement officers or are booked into jail or sentenced to incarceration means that more and more individuals suffer significant harm. Yet law enforcement agencies say they have been turned away from regional treatment centers on many occasions.

During the summer of 2003, I conducted a study for the Western Area City County Cooperative. (WACCO) The purpose of this study was:

- To better recognize the interaction between detention facilities, law enforcement officers, and the mentally ill people they interact with in their line of work;
- To observe and analyze the effects of jails on the mentally ill detained there.

With this report, it is hoped stakeholders in this issue can better understand the issues around managing people with mental illness in jails, and look at creative approaches to meeting the service needs of inmates with serious mental illness. Some recommendations are presented in the final section of this study, with an eye toward developing new policy goals for consideration by those who set them.

The study's costs were underwritten by WACCO and by the University of Minnesota Center for Urban and Rural Affairs (CURA) through its Community Assistantship Program, which paid internship costs. The Center for Small Towns (CST), which is located on the Morris campus of the University of Minnesota, also played a facilitative role.

To help understand the problem and to gather evidence, I interviewed 15 people across the 11-county region (A full listing of interviewees is included in Attachment A.). These

people work in social services, law enforcement, and mental health. A standard interview instrument was used in an effort to allow for more comparative results. The interview instruments are included in Attachments B and C.

The majority of the study has been conducted with participants from the nine counties of Region 4 in west central Minnesota: In addition, officials participated from two other areas. The full geographic area from which data was gathered is listed below:

- Otter Tail
- Clay
- Becker
- Wilkin
- Pope
- Big Stone
- Douglas
- Stevens
- Swift
- Grant
- Traverse

II. UNDERSTANDING THE PROBLEM

This project was instigated due to the numerous problems within the justice system that come into play when mentally ill people are placed under arrest.

Some of these issues include:

- Great trauma in connection with arrest, booking or detention;
- Unnecessary stigmatizing by involvement with criminal justice;
- Penalized in their eligibility for housing employment and public benefits as a result of – and long after – arrest and/or detention.

Problems are not at all exclusive to the people arrested. Law enforcement and mental institutions face them as well. They face the following troubles:

- Repeated use of significant police time and judicial resources;
- Significant stress among personnel (i.e., how to discern mental illness from excessive alcohol or drug consumption);
- Occupancy of jail beds needed for more serious offenders;
- Management problems in jail, often requiring suicide watch or causing major disruptions for jail staff;
- Challenges to probation and parole officers who lack special training or are too few in number to work with people with serious mental illnesses;
- Limited financial resources as a result of these and other issues;

There seems to be confusion at the Regional Treatment Center and other mental health institutions about how to respond quickly or in some cases even at all, when law enforcement personnel bring the mentally ill to their doors. Leaders at these agencies have difficulty admitting transfers of mentally ill persons. Some of the reasons behind this include that these patients may be too violent or that there may be unidentified legal issues or transportation requirements. In the case of Clay County, interstate transfers of detained mentally ill transfers create some bureaucratic hurdles.

III. INTERVIEW RESULTS

A. Mental Illness and Drug/Chemical Abuse

As more people were interviewed, it quickly became apparent that one of, if not the foremost problem facing law enforcement is the difficulty discerning mental illness from drug or chemical abuse. Officer Mike Kutzke of the Moorhead police department did a good job of explaining this problem. Kutzke said officers can never know what to expect when they encounter a person who has just committed a crime. They have been trained to recognize mental illness in people, but that constitutes a very small portion of their training. "People don't realize it's difficult to recall your training at a moment's notice." The symptoms of drugs or drunkenness can easily masquerade as mental illness. A large number of people arrested have been consuming drugs or alcohol, so it can be easy to assume that people who have just been involved in a crime have been abusing these substances. However, most people interviewed estimate that 5-50% (the estimates varied greatly, at least in part because of different definitions of mental illness) of all people arrested suffer from some form of mental illness. This causes a problem for many officers. If they have just booked a violent offender who has shown hostility, then the choice to bring them to the county jail is almost intuitive. But what about a non-violent person? What if that person has been involved with drugs? They do not know whether to bring them to a county jail, detoxification, or a mental institution such as the Regional Treatment Center in Fergus Falls.

Sheriff Joe Berning of Big Stone County gave an excellent example of this. Berning talked about a woman who was booked in July of 2003; law enforcement believed she had been drinking and using drugs. He also noted that this woman had not committed

any criminal acts, ruling out bringing her to a county jail. Detoxification may have been the best option, but the detox center refused since the woman was suicidal. The detox facility in Willmar was ill equipped to deal with a person suffering from substance abuse, seemingly leaving law enforcement with few if any options. After all else had failed, a hospital agreed to take the woman while deputies handcuffed her to the floor and stood guard for 17 hours. Thus, officers and the detainee occupied space in the emergency room and spent precious county resources, until the effects of the drugs began to wear off. After that, "Willmar would finally accept her," Berning said. During the time the woman was there, "She was assaultive, and kicked a couple nurses. We may have a disorderly conduct charge coming now," said Sheriff Berning.

Sheriff Dwight Walvatne of Grant County feels many of those his officers detain "are on anti-depressants. They are fighting a mental illness." Walvatne said it is difficult to assess, but he thinks perhaps 3 of 10 are in this category. He claims his officers are running into methamphetamine-induced schizophrenia.

According to Sheri Schultz, nurse at Otter Tail County's jail, incarcerated persons with mental illness are "self medicating their illnesses with illicit drugs and alcohol."

Scott Madison, Swift County Sheriff, says that if a prisoner is under the influence of a controlled substance or alcohol, it may not be apparent that s/he is mentally ill at all. He noted that officers have been more significantly trained about mental illness in the last two years than in previous times. This seems an indication that police and sheriff's departments realize they have a new and growing problem, and are trying their best to understand it. Sheriff Walvatne says, "You need as much [training] as you can get." Yet one interviewee, Tom Larson of Pope County, said there has been "no formal training for us."

B. Financial concerns

Financial concerns are a major problem in the jail as well, according to Cheri Schultz, nurse at Otter Tail County Jail. All medical services are expensive. If someone has a heart attack, the ambulance service must be paid for. Services can include an ER bill and coronary care bill.

The same holds true of the mentally ill. Medications can be expensive, especially psychiatric medications. All services must come out of the budget for the jail. The state legislature recently passed the "pay for stay" bill that makes inmates pay for at least part of their stay. Those brought into jail will be given a bill that requires them to pay for some of their stay when they leave. This was done to prevent criminals from abusing the privileges they are given while being detained.

Schultz described how incoming people with mental illnesses would often times show definite signs of not taking medication prescribed to them. When they come into the jail however, they demand that medication be given to them; they know the cost is now coming from county budgets. Sometimes new offenders who had a history of drug related problems would demand medication due to back pain or pain in the joints. There has been a definite suspicion that people wanted the medication to simulate the high they would get off taking street drugs, at no cost nonetheless.

C. Are Treatment Facilities Available?

Problems like these are becoming more frequent, according to Berning. Hard as it is to believe, he said this July 2003 situation presented in the previous section worked out better than most. At other times when law enforcement books a person who has been abusing chemicals, they will find that no facility *including* the regional treatment centers (RTC's) is willing to take that person. In these cases, law enforcement officers have been forced to keep detainees in the back of the squad car until substances are out of their body. This procedure seems like a legally questionable practice, although not the fault of the well-meaning but stymied officers.

Berning says he has had to transport to Lac Qui Parle, Swift, Traverse, and Milbank City jails. He's even gone as far as Benton and Morrison Counties.

Swift County's sheriff, Scott Madison, felt that mentally ill inmates who are violent will be turned away by the regional treatment centers. "One of the continuing dilemmas about jailing is that we always used to be the last recourse. Now, we are sometimes the first and only option."

Madison says he too has experienced cases where regional treatment facilities have turned away persons arrested by law enforcement. Typically, the mental health practitioner will say that if they are not suicidal, they should be released. In these instances, law enforcement often has no choice: if these detainees are not a danger to themselves or others, they will be released.

According to Madison, helping this population while simultaneously downsizing treatment facilities is a "myth". He said, simply, "Downsizing public support for those with mental illness is not going to work." Jails do not rehabilitate the mentally ill, according to him. Small county jails are not equipped to deal with mental illness issues, although they tend to know their prisoners well. Madison feels "the situation will get worse before it gets better."

Sheriff Walvatne of Grant County seems to think RTC staff sometimes shouldn't be held accountable. "The biggest reason we are turned away is because of the health of the patient. In some cases we should be going to the hospital instead of the RTC."

Tom Larson of Pope County said, "Every since they took the acute care away [at the RTC's] for people with medical conditions, we have had more trouble getting them in. When [the RTC's] were able to provide acute care, we didn't have an issue." Larson noted that law enforcement needs a place with psychiatrists on staff to make medical decisions. "It is very frustrating," he felt.

Larson recommends meetings with the RTC, public health, and social services to try to find a solution. In fact, such meetings have been held, but so far there have been no accomplishments. He feels there needs to be a "small area where there are medical services available with nurses, a physician on call, and proper equipment." Larson's point is clear: "It is not right to make a criminal out of someone who is suicidal and put them in jail."

There are no private facilities available, according to Larson, at least none that are affordable. "The state needs to be responsible for people that can't help themselves.

D. Self-Injurious Behaviors

Problems don't end once the person is being housed in a detention facility as Cheri Schultz, nurse at the Ottertail County Jail noted. Once there, they have all kinds of problems with patients who try to take advantage of the services provided to them by the jail. Many inmates become suicidal. Those who are suicidal can have their condition worsen as their stay becomes longer. Schultz mentioned several instances in the past year where inmates have tried to take their own lives. They would use materials such as metal board game pieces or sheets of paper to slit their wrists. Some people on the upper level of the jail would even use sheets to try to hang themselves. Fortunately, the jail staff is well trained and able to handle such instances

Schultz says suicide and other self-injury cases are a rising concern. She noted a half dozen such episodes in the past year, although no attempt at the Otter Tail County Jail last year resulted in an actual suicide. She stated, "This past year has been the worst year as far as mental illnesses in jails in my whole career in corrections." Much of it is the result of mentally ill people that are not hospitalized any more. In her view, "Jails have become a mental hospital all over the nation."

Law enforcement is generally well trained to spot potential self-injury risks, and screening usually takes place as part of intake into the holding facility. The most important questions to ask are:

- Are you feeling suicidal now?
- Are you currently or should you be taking any medications?

E. Aggressive Behaviors

Tom Larson of Pope County said that there are lots of mentally ill people that don't commit crimes. But he noted that persons with bipolar can lash out at family members. Typically it occurs when "they are off their meds." Obviously, this becomes an issue for law enforcement. He said that his department has faced mentally ill offenders with deadly weapons, including a lady with a shotgun.

Sheriff Berning of Big Stone County described an incident where five of his officers could hardly restrain a lady in custody; this person was so violent that he had to assign

these five officers to detention of this one person for 17 hours. Several nurses at a local hospital were assaulted during this period, leading to charges against the person.

Sheriff Walvatne of Grant County says that his officers have had people say and do things in order to get themselves shot and killed. If no weapon is found, his officers take no action except to safely take such persons into custody.

Walvatne says that his officers have been schooled in dealing with the mentally ill, especially in preventing the escalation to aggression on the part of detainees. His staff tries to "observe carefully, and study their thought processes and actions. We've learned not to get in their face, or frighten them. We try to speak softly."

F. Depression – The #1 Illness

Schultz says, "I think depression is the number one illness I see around here. Much of it stems from the drug abuse. Bi-polar disease and schizophrenia round out the top three mental illnesses she encounters. She goes on to assert that patients who are crying are showing a symptom of their mental illness: "it is so sad to see."

Most officers that were interviewed concur with Schultz's opinion that bi-polar, schizophrenia and depression are the three most common mental illnesses they encounter in their jobs.

Swift County Sheriff Madison is one of them. "The cases we see are those with depression," he notes. Madison says it is very prevalent in family violence settings, especially when substances such as methamphetamines are involved.

But Madison notes that officers are practitioners in their OWN field – law enforcement. He said, "Non-mental health professionals should not be diagnosing those who are mentally ill."

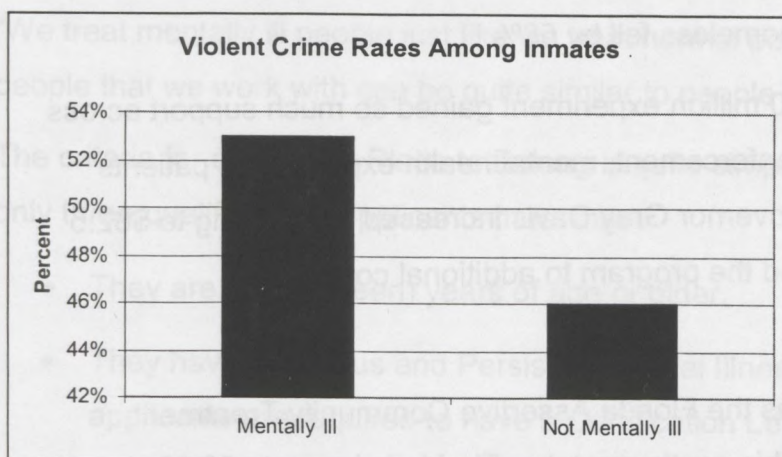
Summary

Berning and Tom Larson of Pope County agreed that fixing the problem will be a long and difficult task. Berning notes the current budget crisis poses problems of the state are limiting the hiring in Big Stone County. He has 3 full-time officers and 1 part-time. The budget crisis prevents the department from hiring more officers. As mentioned before, a problem arises on those situations when they deal with people who are on

drugs and are suicidal, but have committed no crime. Larson and Berning note that taking the problem to the state legislature may take too long and they may not get the resources they need to combat this problem even if they did. Scott Madison holds a very bleak view, "I'm not hopeful that anything positive is going to happen about it in the next couple of years, he said disappointedly." Joe Herder, an employee at the Fergus Falls Regional Treatment Center pointed out that it is the law that people cannot voluntarily enter the RTC and that can prevent them from getting the help they need. They now must be there on emergency status and a doctor must medically clear them.

IV. MODEL PROGRAMS ELSEWHERE

The Maryland State Commission on Criminal Sentencing Policy has some very interesting information on this issue on their website: <http://www.msccsp.org/index.html>. Greg Jones and Dr. Michael Connelly wrote a descriptive article entitled "Mentally Ill Offenders and Mental Health Care Issues: An Overview of the Research." In this writing, they estimate that 20-30 percent of the prison population can be diagnosed with some form of mental illness. According to their research, there are more men and women in jails and prisons than all state hospitals combined. Inmates with mental illnesses are more likely to be repeat offenders, too. Interestingly, Jones and Connelly report that women are more likely to be mentally ill than males. White female inmates have a higher rate of mental illness than any other demographic group.



The most interesting and pertinent topic in their article is what other states are doing right now, or have done in the recent past, to combat interaction between mentally ill and law enforcement.

This section presents information about their findings, as well as other efforts being made to work with mentally ill persons who are arrested.

A. California

One of the more interesting examples of these programs lies in California. According to Jones and Connelly, in November of 2000, California began a pilot project in Los Angeles, Sacramento, and Stanislaus counties. The program was called AB34, and it draws participants from county jails, hospitals, emergency rooms, shelters, parks, and other areas where homeless people congregate.

The program's purpose is to provide mental health care and services to homeless individuals, who are usually left out of the total mental health provider equation. Often, these people end up being detained by law enforcement, causing many of the problems that have been documented in this research.

According to Rivera, there are nearly 50,000 people living on the streets in California who suffer from severe mental illness. "Mental health experts believe, however, that with proper assistance and medication(s) many of them could lead relatively stable lives."

Jones and Connelly say that based on early data of 1,200 men and 900 women in L.A. who voluntarily enrolled in the program, officials estimate the following:

- the number of those hospitalized dropped 64%;
- the number of days spent in jail declined 73%;
- The number of days spent homeless fell by 58%.

Said Jones and Connelly, "This \$10 million experiment gained so much support across the political spectrum, among law enforcement, mental health experts, and patients' advocates, that California's then Governor Gray Davis increased the funding to \$62.5 million in the 2001 budget to expand the program to additional counties."

C. Florida

Another interesting model, known as the Florida Assertive Community Treatment (FACT), has been implemented in this southern state. Florida is home to 32,000 mentally ill offenders. Many people including judges, law enforcement personnel and mental health professionals felt that the high population places danger on law enforcement. In this program, mental health professionals went to the homes of their

patients rather than housing people in a facility. The same level of care offered in hospital settings is delivered to the mentally ill person at home. According to the study, this is *far* more cost-effective. "The cost of keeping an individual in an institution is estimated at \$107,000 versus only \$10,000 for providing these types of intense services in the community."

D. Minnesota

One organization that may be making a difference for the mentally ill population is located right here in western Minnesota. Called A Place to Belong, this drop-in mental health center is sponsored by the United Way. A non-profit organization with headquarters in Fergus Falls, this agency provides drop-in centers for the mentally ill in Fergus Falls and Detroit Lakes. According to Michael Loreno, the organization's director, A Place to belong has taken a unique approach to serving the mentally ill. The foundation is largely run by its own patients. Its mission is to provide people with "a safe, comfortable, and supportive environment for persons with a serious and persistent mental/emotional illness who are learning to manage their lives independently in the community by means of voluntary recreational and social choices." A Place to Belong advertises itself as a place "very different from traditional services." It is a "place where people with the most severe forms of mental illness can start to connect with society and help *each other* toward recovery."

"We treat mentally ill people just like we treat normal people," Loreno said frankly. "The people that we work with can be quite similar to people without mental illnesses."

The criteria for entering A Place to Belong is quite simple. The membership criteria lists only three qualifications applicants must meet.

- They are 18 (eighteen) years of age or older.
- They have a Serious and Persistent Mental Illness as defined in MN Statutes. All applicants are required to have a Certification Letter filled out and signed by a Qualified Mental Health Professional.
- They have not been convicted of a felony as described below.

The felonies they are talking about include drug convictions that are less than a year old who have not sought treatment, as well as convictions that involve "distribution, sale or manufacture of illegal drugs." They also include certain types of violent crimes.

This membership policy may seem to rule out organizations such as A Place to Belong when searching for answers to the problems of the mentally ill being detained by law enforcement. But perhaps not: can drop-in centers such as this serve as a preventive measure, helping the mentally ill avoid the problem before it occurs?

V. OBSERVATIONS & RECOMMENDATIONS

In the course of two months of research, much has been uncovered about the problems that arise when the mentally ill and law enforcement interact. This section will provide some observations about the issues uncovered by this study.

One of the many problems faced is the proximity of the regional treatment centers (RTC's) to the homes of people who spend time there. Mike Kutzke of the Moorhead Police Department noted how officers from Moorhead must either deal with interstate legal complications of bringing them to the Fargo facility or spend the time to take them to and from Fergus Falls. Most other communities don't face the problems of interstate transfer, but they do have a problem transporting them. John Dinsmore of Ottertail County Social Services mentioned that policy makers are considering dividing the regional treatment centers into multiple branches. These branch offices would provide services across a broader geographical area.

This is a very controversial issue which is anticipated to become a major struggle in the future. Many people in Moorhead and Alexandria, who are for dividing the RTC's, point out that it would put less pressure on the people in charge of transporting prisoners in need of these services to and from Fergus Falls. In addition to that, detainees could also be closer to their families during their stay in these facilities. Some people, as Dinsmore pointed out, believe that closer proximity to their family alone would shorten their stay. Another important point is obtaining the funds necessary to maintain the RTC's. Currently the RTC's are funded by the state of Minnesota and the host counties (Ottertail County and Kandiyohi County in western Minnesota), but if we were to utilize

smaller units, they would receive funding from the Medical Assistance Program in addition to the state.

However, leaders in Fergus Falls note that the average stay at the RTC's is already shortening. Years ago, the average stay at the Fergus Falls RTC lasted several months. More recently, the quality of the medication that is administered has improved considerably. Today most clients are treated, given medication, and released in less than 30 days. There is also much better community support in Fergus Falls now (see previous section, discussion of A Place to Belong.). The staff of the RTC has been established in Fergus Falls and is fully functional. Conversely, hiring and training new personnel in other facilities may prove difficult.

As with society in general, drugs and alcohol are compounding the problems faced by law enforcement in dealing with mentally ill people. Discussed at length in Section IIIA, law enforcement may be trained to recognize mental illness, but drugs and alcohol mask typical symptoms or themselves masquerade as mental illness. Many of those interviewed for this project felt a sizeable minority of those arrested have some form of drug induced mental illness. The dilemma is whether to take an arrested person to detoxification, jail, or an RTC. Most institutions do not want to admit intoxicated individuals, and detox centers cannot treat the mentally ill. This situation leads to inappropriate attempts to temporarily house sometimes violent persons in emergency rooms or the back seat of a squad car. In a stark indictment of the system for caring for the mentally ill, one person feels many, many such persons are self-medicating with drugs and alcohol.

Mentally ill people and law enforcement would be well served by a system of crisis intervention that included beds for overnight stay and mental health professionals for immediate care. These need to be close enough for police and sheriffs to reach from each county.

Can a community based organization like A Place to Belong be part of the solution? Such an agency might be funded to provide advocacy services at area jails and law enforcement centers. As a full-fledged legal entity, without perceived bias but with staff and volunteers able to relate to others with symptoms of mental illness, A Place to

Belong might be well situated to assist on this issue. Perhaps an advocate can be stationed there, and tasked to provide 'circuit rider' services to area counties. But a dependable and committed funding stream must be identified. Until then, a pilot program along these lines might be able to demonstrate its viability.

Training for law enforcement officers should be enhanced considerably. The level of training varies from county to county, but in most cases sheriffs would be happy to have more expertise. It is especially important to provide methamphetamine identification, since officers are seeing more and more of that, and meth use is obviously on the rise.

Somehow, there needs to be more crisis beds available in the region. Even with more staffing and more training, law enforcement personnel are not the appropriate staff to be attending to the mentally ill. Acute care can be provided from the RTC's, or perhaps a new system of decentralized mini-treatment and detention centers can be provided across the region.

Is telemedicine a possible answer? The According to Jones and Connelly's website (<http://www.msccsp.org/index.html>), the Department of Justice has run a set of projects at jails in South Carolina and Kentucky, in rural settings. These research projects have shown that mental health evaluations can be conducted more effectively and efficiently, hours of manpower can be saved, and local mental health resources can be saved.

ATTACHMENT A
LIST OF INTERVIEWEES

	NAME	ORGANIZATION	COUNTY
1.	Hugo McFee	Fergus Falls Police Department	Otter Tail
2.	Joe Herder	Fergus Falls Regional Treatment Center	Otter Tail
3.	Scott Madison	Swift County Sheriff's Department	Swift
4.	John Dinsmore	Otter Tail County Social Services	Otter Tail
5.	Richard Akerman	Otter Tail County Jail	Otter Tail
6.	Mike Kutzke	Moorhead Police Department	Clay
7.	Pat Boyer	Clay County Social Services	Clay
8.	Greg Feigum	Clay County Social Services	Clay
9.	Joe Berning	Big Stone County Sheriff's Department	Big Stone
10.	Tom Larson	Pope County Sheriff's Department	Pope
11.	Cheri Schultz	Otter Tail County Jail	Otter Tail
12.	Dwight Walvatne	Grant County Sheriff's Office	Grant
13.	David Sailer	Wilkin County Family Services	Wilkin
14.	Michael Loreno	A Place to Belong	Otter Tail

ATTACHMENT B

INTERVIEW INSTRUMENT

LAW ENFORCEMENT AND JAIL PERSONNEL

PRISONERS & MENTAL ILLNESS

PROJECT

Law enforcement
and jail workers

Interview Questionnaire

Name _____ Organization _____ Date _____

1. What percentage of people arrested have some form of mental illness?
2. How do police officers recognize if a person is mentally ill?
3. Do you train your officers to recognize mental illness? How?
4. Have you ever been turned away from the RTC when you brought someone in? Why?
5. Has anyone ever attacked a police officer or taken seemingly deliberate action to get themselves shot or hurt?
6. How are mentally ill people treated in comparison to non-mentally ill people by the jail employees? By other prisoners?
7. Are financial concerns a problem?
8. With the state cutting budgets and programs, do you anticipate funding being a problem? **(If yes) What will you do?**
9. What do you suggest as the best way to deal with this problem?
10. Is a mentally ill person more likely to commit a crime?
11. What types of mental illness cause people to commit crimes?
12. If a treatment facility offers little hope of rehabilitating a mentally ill person who has committed a crime, what would you recommend for that person?
13. Anything else I should know?

ATTACHMENT C

INTERVIEW INSTRUMENT

MENTAL HEALTH PROFESSIONALS

PRISONERS & MENTAL ILLNESS

PROJECT

MI Professionals

Interview Questionnaire

Name _____ Organization _____ Date _____

1. What percentage of people arrested have some form of mental illness?
2. How do police officers recognize if a person is mentally ill?
3. Do you train your officers to recognize mental illness? How?
4. Have you ever been turned away from the RTC when you brought someone in? Why?
5. Has anyone ever attacked a police officer or taken seemingly deliberate action to get themselves shot or hurt?
6. How are mentally ill people treated in comparison to non-mentally ill people by the jail employees? By other prisoners?
7. Are financial concerns a problem?
8. With the state cutting budgets and programs, do you anticipate funding being a problem? **If yes, what will you do?**
9. What do you suggest as the best way to deal with this problem?
10. Is a mentally ill person more likely to commit a crime?
11. What types of mental illness cause people to commit crimes?
12. If a treatment facility offers little hope of rehabilitating a mentally ill person who has committed a crime, what would you recommend for that person?
13. Anything else I should know?